

## CLAIMS ONLY

Application Number

Filing Date

**Applicant(s)**

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1		1			
2	1		1			
3						
4	1		1			
5						
6						
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25	1		1			
26						
27	1		1			
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48						
49						
50						
Total Indep	5		2			
Total Depend	25		19			
Total Claims	30		21			

\* May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
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100						
Total Indep						
Total Depend						
Total Claims						